

Food and Drug Administration  
Center for Food Safety and Applied Nutrition  
Office of Special Nutritionals

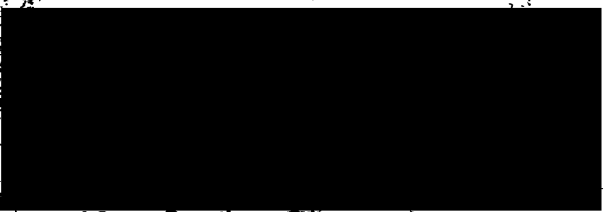
ARMS#

12486



8 - OTHER

**000001**



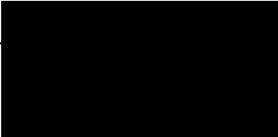
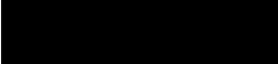
**I. Statement of Organ Donation.**


As required by law, we ask for the following information concerning organ donation:  
☐ No, I am not an organ and/or a tissue donor.  
☐ Yes, I am an organ and/or a tissue donor. I wish to donate my \_\_\_\_\_  
is an anatomical gift at the time of death, under provision of and in conformance with the codes of the locations of the hospitals.

**II. Notification of Patient's Rights: (Brochure given to patient)**

Do you have an (1) Advance Directive ☐ Yes ☐ No (2) Would you like further information ☐ Yes ☐ No

THE UNDERSIGNED HAS READ, UNDERSTANDS AND AGREES TO THE FOREGOING, RECEIVED A COPY THEREOF, AND IS THE PATIENT, THE PATIENT'S LEGAL REPRESENTATIVE OR DULY AUTHORIZED BY THE PATIENT AS THE PATIENT'S GENERAL AGENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

U-9-97  
Time:   
Witness: 

Patient or Patient's Representative:  
 6-9-97  
If other than Patient, indicate relationship:  
\_\_\_\_\_

Reason Patient is unable to sign: \_\_\_\_\_

Attachment #4.6  
E'Ola Products (DEN-3841)  
Saint George, UT 84790  
MEMO, 8/8/97  
James E. Moore II

**FINANCIAL RESPONSIBILITY AGREEMENT BY PERSON  
OTHER THAN THE PATIENT OR  
THE PATIENT'S LEGAL REPRESENTATIVE**

I / We agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Obligations (Paragraph 5) and Assignments of Insurance or Health Plan Benefits (Paragraph 6 and 7) set forth above.

Financially Responsible Party		Financially Responsible Party	
Date: _____	Time: _____	Date: _____	Time: _____
Witness: _____	Date: _____	Witness: _____	Date: _____



000002

1. MEDICAL RECORD NO. 2. BILLING NO. 3. A/R NO. 4. PRIOR 5. DATE 08-09-97 6. TIME 13:00 7. 8. 9. SAD

PATIENT'S LEGAL NAME / E.M. NO. 11. SEX F 12. RACE W 13. BIRTHDATE 14. AGE 045 15. HEIGHT 16. WEIGHT 17. SS 18. MS M 19.

21. PATIENT'S LEGAL ADDRESS 22. TELE 23. CITY/STATE ZIP 24. PATIENT'S EMPLOYER 25. EMPLOYER ADDRESS 26. TELE 27. SOCIAL SECURITY NO. 28. EMPLOYER ID 29. LOE 30. OCCUPATION PACKAGING 31. 32. LOR 33. COUNTY CODE 34. COUNTY 35. PR 36. RESPONSIBLE PARTY 37. RESPONSIBLE PARTY'S ADDRESS 38. TELE 39. CITY/STATE 40. RESPONSIBLE PARTY'S EMPLOYER 41. EMPLOYER ADDRESS 42. TELE 43. SOCIAL SECURITY NO. 44. EMPLOYEE I.D. 45. LOE 46. OCCUPATION 47. 48. LOR 49. COUNTY CODE 50. COUNTY 51. PR 52. OTHER PARTY 53. OTHER PARTY'S ADDRESS 54. TELE 55. CITY/STATE 56. OTHER PARTY'S EMPLOYER 57. EMPLOYER ADDRESS 58. TELE 59. SOCIAL SECURITY NO. 60. EMPLOYEE I.D. 61. LOE 62. OCCUPATION 63. 64. LOR 65. COUNTY CODE 66. COUNTY 67. INS. CODE 68. SP 69. PAYER 70. CLAIM PROCESSING ADDRESS 71. CITY/STATE 72. REL INFO 73. ASG BEN 74. SP PROG 75. CONDITIONS 76. CD 77. FROM 78. THROUGH 79. OCCURRENCE 80. GROUP NAME 81. INSURANCE GROUP NO 82. TREATMENT AUTH 83. COVERAGE 84. COPY OF CARD COPY OF 85. INS. CODE 86. SP 87. PAYER 88. CLAIM PROCESSING ADDRESS 89. CITY/STATE 90. INSURED 91. REL INFO 92. ASG BEN 93. SP PROG 94. CONDITIONS 95. CD 96. FROM 97. THROUGH 98. OCCURRENCE 99. CERTIFICATE (SSN) HIC ID NO 100. GROUP NAME 101. INSURANCE GROUP NO 102. TREATMENT AUTH 103. COVERAGE 104. COMPLAINT 90 POSS MULT INJ JUMPED OUT TRUCK GOING 30 MPH 105. PROC CD 106. PROCEDURE 107. LOC 108. ANES 109. ONSET OF ILLNESS 110. DATE 111. TIME 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 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2088. 2089. 2090. 2091. 2092. 2093. 2094. 2095. 2096. 2097. 2098. 2099. 2100. 2101. 2102. 2103. 2104. 2105. 2106. 2107. 2108. 2109. 2110. 2111. 2112. 2113. 2114. 2115. 2116. 2117. 2118. 2119. 2120. 2121. 2122. 2123. 2124. 2125. 2126. 2127. 2128. 2129. 2130. 2131. 2132. 2133. 2134. 2135. 2136. 2137. 2138. 2139. 2140. 2141. 2142. 2143. 2144. 2145. 2146. 2147. 2148. 2149. 2150. 2151. 2152. 2153. 2154. 2155. 2156. 2157. 2158. 2159. 2160. 2161. 2162. 2163. 2164. 2165. 2166. 2167. 2168. 2169. 2170. 2171. 2172. 2173. 2174. 2175. 2176. 2177. 2178. 2179. 2180. 2181. 2182. 2183. 2184. 2185. 2186. 2187. 2188. 2189. 2190.

## Aftercare Instructions

for [REDACTED] Monday, June 9, 1997, 3:04 pm

IMPORTANT: We have examined and treated you today on an emergency basis only. This is not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. If you had special tests such as EKG's and X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After leaving, you should FOLLOW THE INSTRUCTIONS BELOW.

You were treated today by [REDACTED]

### ABRASIONS.

Your scrape should heal quickly. It may be more likely to get infected.

### Do the following:

- Clean the wound daily with soap and water.
- Wash your hands before and after touching the wound.
- Put a thin layer of the antibiotic ointment on it to help healing.
- Keep the area open to the air.

### Call your doctor if you have:

- increased redness, swelling or pain.
- pus, drainage or red streaks from your wound.
- fever.
- any new or severe symptoms.

### PROPOXYPHENE & ACETAMINOPHEN (Darvocet, Wygesic, others).

This is a strong pain reliever. You will get sleepy from it. DO NOT DRINK ALCOHOL, DRIVE OR OPERATE MACHINERY WHILE TAKING THIS MEDICINE. Some people get a stomachache from this medicine. If this happens, take it with food. If you have any new or severe symptoms, CALL YOUR DOCTOR RIGHT AWAY!

Take this medicine in the following dose: 1 - 2 tablets every four hours as needed for pain.

### THESE ARE YOUR FOLLOW-UP INSTRUCTIONS!

Call as soon as possible to make an appointment to see Dr. [REDACTED] in 5 days. You can reach Dr. [REDACTED] at [REDACTED]

NEVER TAKE LIQUI-FILM AGAIN YOU MAY BE SORER TOMORROW.  
RETURN TO EMERGENCY ROOM FOR ANY ABDOMINAL PAIN OR OTHER

SYMPTOMS SUCH AS ARM OR LEG NUMBNESS.

AS ALWAYS, YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Please follow the instructions above carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, CALL OR VISIT YOUR DOCTOR RIGHT AWAY. If you can't reach your doctor, return to the Emergency Department.

NOTICE FOR FOLLOW-UP VISITS IN THE EMERGENCY DEPARTMENT: Normally, there is a minimal charge for each follow-up visit. Your insurance company may charge you a co-payment EACH time you come in. You should contact your insurance company for benefit information. Managed Care or HMO patients should follow-up with their primary care provider.

"I understand the instructions above, which have been discussed in the Emergency Department."

I AUTHORIZE [REDACTED] TO RELEASE A COPY OF MY EMERGENCY ROOM RECORD AND/OR RADIOLOGY FILMS FOR THE ABOVE LISTED DATE TO THE PHYSICIAN TO WHOM I HAVE BEEN REFERRED FOR FOLLOW-UP CARE.

Physician or Nurse

### SEATBELTS.

There is no doubt that seatbelts save lives. Every day in the Emergency Department we see how people without seatbelts are more severely hurt. We always buckle-up! Please do the same!

Attachment #4.8  
E'Ola Products (DEN-3841)  
Saint George, UT 84790  
MEMO, 8/8/97  
James E. Moore II